

# Updates in Public Health and Preventive Medicine

Editorial

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## Management of Patients with Epilepsy in Dental Office

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### Original Submission

**Received:** March 28, 2017

**Accepted:** April 20, 2017

**Published:** April 27, 2017

**Open Peer Review Status:** Editorials, news items, analysis articles, and features do not undergo external peer review.

**How to cite this article:** Ambarkova Vesna. Management of Patients with Epilepsy in Dental Office. Updates Public Health Prev Med. (2017) 1: 10.1

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Epilepsy is not a disease, but a symptom of brain damage that is characterized by recurring seizures. Commonly encountered as a neurological disorder in childhood with the incidence of 0.5-1%. There are many types of epilepsies: idiopathic, structural, metabolic and posttraumatic.

Manifestation of epilepsy varies in a wide range of transient loss of consciousness and also often as a dramatic big attack. Vary Small and Large attack. Petit mal occurs suddenly and is characterized by a short break in the continuity of consciousness with roll of the eyes and the absence of convulsive, tonic and clonic contractions. This condition can often be lost with the advent of puberty. Grand mal most commonly occurs with abrupt, complete loss of consciousness. Sometimes the attack is preceded by prodromal stage or epileptic aura characterized by the emergence of wonder hallucinations or uncomfortable feeling in the stomach area. At the moment of attack sometimes we can hear the characteristic cry that occurs as a result of spasm of the larynx muscles of the chest and abdomen. When the attack starts, convulsions and tonic and clonic contractions occur with loss of consciousness. The overall musculature is contract, patient's face is rigid, jaws clenched, his head and torso bent back. The pupils are dilated and did not react to light. Breathing is interrupted due to expiration of muscles spasm, which is likely to appear cyanosis. The tonic stage lasts 20-60 seconds after it occurs clonic stage with rhythmic, synchronous contractions of the muscles.

Because clonic muscle contractions causes closures of the mouth, this may cause corrosion of the language. Urinary incontinence comes up spontaneously, very often. Clonic phase lasts about 1-2 minutes. Oral pathology in these patients is conditioned by the drug treatment of the disease itself. Fenitoin (Dilantin) is indispensable in 40-60% of children and leading to hyperplastic gingivitis. Gingiva is firm, bright pink color with extreme resilience and has not a tendency to spontaneous bleeding. Such gingiva can be an obstacle for the process of teething. Also occurrence of attrition is commonly reported due to bruxism. Characteristics of these patients are scars on their lips and tongue and frequent traumatic injuries on teeth.

## Dental Treatment

In most patients, the treatment is conducted in the usual way. The dentist necessarily need to check whether the child take appropriate therapy. Dentists have to be careful when giving mandibular anesthesia. In case of attack, they need to remove all the tools out of the patient's mouth and to protect the child from self-harm. Does not move the child from the dental chair. After waking up the child, dental intervention should be extended. Patients with strong phenytoin gingival hyperplasia should consult a competent doctor about changing drug. It is often necessary to do gingivectomy, but if phenytoin is not replaced with another drug and good hygiene habits are established, gingivitis often relapse. The treatment of fractured teeth are not a problem in patient with epilepsy who is under

control and who is not mentally disabled,. In case of traumatic extraction of teeth in patients with epilepsy replantation is not recommended . The preparation of partial dentures is not contraindicated if clasps are well fastened with teeth.

In the management of epileptic patients with mental retardation, and with those that dentist can not establish cooperation, dental care under general anesthesia is recommended. It is necessary for patients with epilepsy to be supervised by anesthesiologist few hours after dental treatment, because an attack may occur after general anesthesia.

- Stress being present in dentist is one of the factors that can cause an attack. Therefore inspections should be scheduled at a time when it is least likely attack to appear, if attack can be predictable, and in that way dentists reduce stress and anxiety during the examination.
- Light also can be the reason for the attack. Dentist should use darker or colored lights. Reflector should be directed exclusively to the mouth and should not be directed to the eyes.

Before the intervention ,should be obligatory to check: does the patient received usual anti-epileptic therapy; have taken any other medicines; and when was the time of last attack, how many long the attack lasted, whether there were warning signs before the coming of the attack.

In the Republic of Macedonia there are 25,000 people with epilepsy, of which only 750 people live in Prilep city. Only 6 people publicly declare and fight for your own rights, while the rest of them are silent to avoid being stigmatized. It is very hard for people with epilepsy to find jobs in our country and also they are often discriminated by teachers during their school age.